

# FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **Initial\*** Statement of Organization  
☒ This is an **amended\*** Statement of Organization

\*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

Reset Form

FORM DR-1 (Rev. 05/02)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	21099
Indexed	
Audited	
Computer	

## COMMITTEE NAME (Required by law)

ALOT (Against Local Option Tax)

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER (Required by law) This address used for all reminders and correspondence)

COMMITTEE CHAIR (List additional officers on separate page)

Name <u>Richard L. Spencer</u>	Name <u>Peg Guetzko</u>
Mailing Address <u>2524 Falcon Dr. N.E.</u>	Mailing Address <u>420 Norwick Rd SW</u>
City, State Zip Code <u>Cedar Rapids, Ia. 52402-2610</u>	City, State Zip Code <u>Cedar Rapids, Ia 52404</u>
Phone <u>(319) 393-6446</u>	Phone <u>(319) 396-5401</u>
e-Mail	e-Mail

INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)  
 Comment or description:

All Candidates Enter:

Office Sought: \_\_\_\_\_ District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_ Year Standing for Election: \_\_\_\_\_

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: \_\_\_\_\_ Date of Election: \_\_\_\_\_

Bank Account Name ALOT (Against Local Option Tax)  
Collins Credit Union

Name of Financial Institution/type of Account Collins Credit Union  
 Mailing Address 1150 42nd St N.E.  
 City Cedar Rapids State Ia Zip 52410-0500

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 e-Mail \_\_\_\_\_

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) Green Square Meals

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

X Richard L. Spencer  
 Signature of Treasurer

X 11 February 2003  
 Date Signed

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed